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Title Page

Title: Student and Supervisor Experiences of the Systemic Practice Scale (SPS): A Discourse Analysis

Running Head: Student and Supervisor Experiences of the Systemic Practice Scale

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Title: Student and Supervisor Experiences of the Systemic Practice Scale (SPS): A Discourse Analysis

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Abstract

There has been recent emphasis on the assessment of competence in training courses to improve evidence-based practice and outcomes for clients. The systemic practice scale (SPS) was developed as a structured way to evaluate systemic practice. There is however little research on the impact and experience of competence measures particularly within the context of systemic practice.

Focus groups conducted with students and supervisors from systemic family practice (SFP) programmes explored their views of the SPS as an appropriate measure of systemic competence. Three dominant discourses were identified: *feedback as valuable*, *measuring competence*, and *being systemic*.

Clinical and practice implications for the use of the SPS in assessing systemic competence need to be considered in line with the values of systemic practice, maintaining reflexivity and collaboration between the student and supervisor in order for the feedback to have a meaningful impact on student development.

Practitioner Points:

- There is limited research exploring the use of competence measures in systemic practice. The systemic practice scale (SPS) is viewed by students and supervisors as a valuable and useful measure of systemic competence.

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- The SPS was perceived as broadening perspectives and reiterated the importance of receiving feedback within the context of a collaborative supervisory relationship.
- Competence measures like the SPS are only helpful when introduced and used with students in a meaningful way.
- Increasingly the SPS is being used across clinical training courses (including systemic IAPT course and Doctorate of Clinical Psychology) and has the potential to be used more widely with wider implications for the development of systemic training standards in systemic practice.

Introduction

Competence Based Practice and the Systemic Context

Competence-based practice has become a focus of evaluation for students across training courses to ensure safe and effective practice (Gallichan & Mitchell, 2008; Roth & Pilling, 2007; Sutherland, Fine & Ashbourne, 2012). Competence in the context of psychotherapy has been defined as “a standardised requirement for an individual to perform a specific job” (Stratton et al., 2011, p.123). Gallichan & Mitchell (2008) suggest competence is “a multi-faceted construct: it is more than how someone thinks, but it is also more than what someone does” (p.18). The formal purpose of assessing an individual’s competence is to provide helpful, meaningful and constructive feedback for the individual to reflect on their clinical skills, highlighting possible areas of development (O’Donovan, 2015).

Assessment of a student’s competence is argued to be a developmental and contextually based process extending from training into qualified practice. This process is dependent on supervision, formative and summative assessment and the therapy modality (Epstein & Hundert, 2002; Tweed, Graber & Wang, 2010). Self-report during supervision is the predominant method of assessing clinical competence (Scaife, 2003; Tweed et al, 2010).

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Within supervisory interactions students develop knowledge, understanding and competence (Bernard & Goodyear, 2014; Burnham, 2018; Scaife, 2003). In addition, supervision can alleviate signs of distress, burnout and self-criticism which are factors thought to impact student competence (Ladany, Mori & Mehr, 2013; Wilson, Davies & Weatherhead, 2016).

Within a systemic context Anderson and Swim (1995) suggest learning in supervision is interactional, where new knowledge and competence evolves through dialogue and relational reflexivity. Some have suggested competence-based training challenges this systemic paradigm of interaction and locates competence solely within the individual irrespective of the context (Simon, 2010; Sutherland et al., 2012). Simon (2010) discusses the challenges systemic supervisors have working within training courses that are “dominated by inflexible professional narratives” (p.308) that may not fit within a culture where micro-measurement of clinical practice has become the norm (Butler et al., 2018; Tweed et al, 2010). Sutherland et al. (2012) argued from a social constructionist perspective “what is ‘noticed’ will depend in part on the observer’s theoretical and philosophical commitments” (p.3). Some have questioned whether the use of a specific systemic competence scale would capture the contextual layers of systemic practice (Moran, 2017), providing “a limiting or reductionist view” (Butler et al., 2018, p.3).

The introduction of the improving access to psychological therapies (IAPT) programme in 2008 saw the establishment of competence frameworks for the practice of effective evidence based psychological therapies (Clinical Outcomes in Routine Evaluation, CORE, 2017). A number of psychometric scales exist to assess competence, such as the widely used cognitive therapy scale (CTS-R, Blackburn et al., 2001), however these initiatives came primarily from the cognitive behaviour therapy (CBT) models and within the field of systemic therapy up until recently there had not been an equivalent.

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The systemic practice scale (SPS¹) was developed in response to current changes in the delivery of mental health services for child and young person's IAPT (CYP-IAPT) and the lack of measures to assess systemic competence (Butler et al., 2018). It is used within CYP-IAPT systemic family practice (SFP) courses across the UK, providing a structured assessment of systemic skills that can be used in supervision or as a training tool (Butler et al., 2018, Supporting Information). The measure consists of twelve items to assess supervisees' competence across a number of domains such as, interpersonal effectiveness, collaboration and use of questioning. A small-scale study demonstrated high internal reliability and face validity based on use within CYP-IAPT training courses (Butler et al., 2018). A thematic analysis of 23 supervisors' experiences of using the scale concluded the SPS was helpful but recognised this approach required flexibility in providing "feedback beyond the scale" (Butler et al., 2018, p.16).

Discourse Analysis and Systemic Practice

Discourse analysis (DA) is concerned with how the use of language is implicated in the construction of versions of events (Willig, 2014). DA emphasises how social reality is achieved through the construction and function of language as a tool of social action (Georgaca & Avdi, 2012). DA prioritises reflexive ideology and practice (Avdi, 2005). Both DA and systemic approaches draw from a shared theoretical basis in social constructionism (Tseliou & Borcsa, 2018), whereby reality and meaning "are systematically constructed and maintained through systems of meaning and through social practices" (Georgaca & Avdi, 2012, p. 2). Social constructionism influences in systemic practice have emphasised the "role of language and multiple layers of context" (Tickle & Rennoldson, 2016, p.127). In systemic practice it is acknowledged "the therapist's ways of viewing the world, our talk and ways of acting powerfully affect the therapeutic conversation and the client" (Hedges, 2005, p.26). Systemic approaches are driven by the context and systems of interactions

¹ The SPS was initially titled the Systemic Family Practice – Systemic Competency Scale (SFP-SCS)

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(Bronfenbrenner, 1979; Burck, 2005) which is acknowledged in DA (Gee, 2014; Georgaca & Avdi, 2012). DA therefore works well when analysing topics grounded in systemic practice.

Through a DA framework attention is given to the effects of the choice of words used to express or describe something (Willig, 2014). Georgaca & Avdi (2012) consider the impact of *subject positions* within DA and how these influence the function of talk but also the content (Davies & Harre, 1990), through asking “who speaks? In whose name do they speak? Who do they address? Who do they speak for?” (Georgaca & Avdi, 2012, p.155). Systemic practice draws on the concept of subjectivity and how discourses shape relationships and interactions. Burck (2005) highlights how “the notion of ‘discursive practices’ addresses questions of agency through critically examining ways individuals position themselves and are positioned through language” (p.251).

Discourses can be identifiable and produced through pre-conceived institutional practices such as frames of reference e.g. roles and expectations in clinical settings. DA enables consideration of the wider contextual factors that may influence clinical understanding (Georgaca & Avdi, 2012; Potter & Wiggins, 2007). Roy-Chowdhury’s (2006) work examining systemic therapy through DA interestingly orientates the analysis towards positioning whilst “maintaining an awareness of the ways in which speech constitutes and represents the negotiation of identities, psychological states, power relations and social and institutional structures” (p.157).

Assessing the competence of practitioners delivering systemic therapy remains important in maintaining validity of treatment for clients, demonstrating effectiveness of training and assisting therapists in their clinical development. There is little research on the impact and experience of competence measures particularly within the context of SFP.

Aim and Research Questions

The study aimed to expand on previous research to explore student and supervisor experiences of the SPS. The following research questions guided the analysis:

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1. Do systemic students and supervisors view the SPS as an appropriate way of assessing systemic competence?
2. How are discourses regarding systemic competence (in reference to the SPS) constructed within the context of systemic training?

Methodology

Participants

A qualitative focus group design was used. Recruitment was purposive, students and supervisors from four SFP programmes across the UK were invited to participate (Table 1). A course requirement from all sites was the completion of the SPS at three time points across the academic year. Three video recordings of clinical work with families/couples were submitted by students, which are subsequently rated by supervisors using the SPS. The process of receiving feedback from the SPS varied; in addition to individual written feedback, some received verbal group feedback.

Five focus groups were held across two sites; three student groups and two supervisor groups, comprising of 23 participants (4 men, 19 women). Supervisors and students participated in separate focus groups conducted by the first author. A semi-structured topic guide aided group discussion facilitated by the researcher in order to actively encourage group members to contribute to group discussions (Wilkinson 2008). A pilot focus group was conducted with five SFP students to check the structure and clarity of questions asked. All groups were audio-recorded and transcribed verbatim using Jefferson notation.

Procedure and Ethical Considerations

Ethical approval was granted from the School of Psychology Research Ethics Committee at the University of Exeter (eClesPsy000478).

The study was discussed with course leads across the sites of recruitment for approval to disseminate information to students and supervisors. Information sheets and

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consent forms were distributed through the administration team, inviting participants to take part in the focus group. Groups were scheduled to ensure students had received feedback from at least two SPS.

Informed consent was obtained from all participants and participants were informed of their right to withdraw from the study. Confidentiality and anonymity are issues raised when conducting focus groups due to the nature of group participation (Smithson, 2019). Participants were made aware within the information sheet and again at the beginning of each group, of the limitations of confidentiality in a group setting and the importance of respecting group members' views.

Data Analysis

Data collected through focus groups were analysed using DA following Potter and Wiggan's guide to DA (Potter & Wiggins, 2007) and informed by Georgaca and Avdi's five levels of DA (Georgaca & Avdi, 2012). DA enables the exploration of group talk and within the context of this study particularly discourses regarding the SPS within the context of individuals systemic practice (Burck, 2005; Potter & Wetherell, 1987; Roy-Chowdhury, 2010) and how participants used rhetorical strategies within group interaction to position themselves and others in the group (Georgaca & Avdi, 2012; Potter & Wiggins, 2007).

The process of analysis involved an initial submersion within the data, reading and re-reading the transcripts. Transcripts were coded within NVIVO (QSR, 2012) which enabled a systematic approach to the analyses and the identification and interpretation of patterns in the discourse (Potter & Wetherell, 1987). Key discourses associated with the research questions were identified and extracts are presented in the findings to illustrate these and the discursive practices used (Jorgensen & Phillips, 2002). Georgaca and Avdi (2012) propose five levels at which DA can occur:

- Level one: Language as constructive
- Level two: Language as functional

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- Level three: Positioning
- Level four: Practices, institutions and power
- Level five: Subjectivity
- Level five:

These levels were utilised as a guide within the current analysis enabling a flexible approach to the iterative process. Although all levels were considered, the analysis focused on level 2 (the function of language within the groups) and level 3 (how language was used to position group members).

Quality Criteria

Evaluative criteria consistent with DA's epistemological approach were considered in order to critically appraise the quality of the research based on Georgaca & Avdi, 2012:

- *Internal coherence*: to ensure there was consistency in the data presented, extracts were discussed at a DA group to form a coherent narrative.
- *Rigour*, through attention to inconsistency. A reflexive diary was kept throughout to maintain transparency of the process and the researcher role. Extracts were reviewed initially by (CP, JS & JL), final drafts of extracts were then reviewed by (CB & HS).
- *Transparent and situated*: Extended extracts presented are grounded within the analysis enabling the reader to draw judgements on both the quality and findings themselves.
- *Reflexivity*: Attended to the individual roles and potential bias of the authors, three (CP, JS, JL) were neutral to the development of the scale whereas two (CB, HS) had been involved in prior developments of the SPS.

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- *Usefulness of the data:* The wider implications of the use of the SPS are considered.

Results

Five focus groups were conducted across two sites. Groups consisted of either students currently enrolled on the SFP training or supervisors of those courses. The length of groups ranged from 34 to 52 minutes with the average group lasting 42 minutes.

The majority of participants were women with varied lengths of experience within their current role. All students were experienced practitioners with varied backgrounds and current roles, including clinical psychologists, social workers, primary mental health workers and systemic students.

The following section discusses 11 extracts selected from across the five focus groups. The extracts are organised by three dominant discourses, *feedback as valuable*, *measuring competence* and *being systemic*. For each discourse where possible both the student and supervisor perspective are presented. Brackets after words indicate line references in extracts. In line with the DA approach, extended extracts are presented to enable the reader to judge the coherence and plausibility of the analysis which is discussed alongside relevant literature (Georgaca & Avdi, 2012; Potter & Wiggins, 2007).

Feedback as valuable

The implicit purpose of assessing an individual's competence is to provide feedback that enables individuals to reflect on their practice (O'Donovan, 2015). In all student groups the process of receiving feedback and the value of this was reflected on. The following extracts present the student and supervisor discourse of feedback as *valuable*. Extract one comes from the beginning of focus group (FG) one. The students were asked an open-ended question by the researcher to share their experiences of receiving feedback from the SPS.

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Extract 1: FG1 Students

- 7 Sarah²: (...5...) ((group laugh)) °Um I think I was saying before that um it's a bit scary
 8 receiving feedback because we know it's going to be really valuable but the fact someone
 9 has sat and watched you for an hour and has made all these comments and might you might
 10 have thought you've done something well and they might have thought it wasn't ↑ quite as
 11 good as what you thought, that can be a bit scary, because it's personal isn't it? It's not
 12 anonymous like the rest of our work°
- 13 R³: Yeah so they can physically [yeah see you in your tape
 14 ((All nod)) Sarah: yeah]
- 15 Victoria: It does kind of seem like well it does to me the most valuable (...) feedback
 16 that we get rather than you know the feedback from essays. That that
 17 feedback was what I was really really waiting for and really wanting to find out
 18 about, wanting to sort of even though even though (...) dreading it wanting to
 19 get those observations. Spend that time reflecting on yourself which is really
 20 so important

A dominant discourse evidenced within extract one is how students viewed the feedback as “valuable”. Victoria’s repetitive use of the word “really” (17) functions to reiterate the importance of the feedback. The students switch between the use of ‘I’ to ‘we’ as a potential way of maintaining solidarity and collaboration of the group position on receiving feedback (Donohue & Diez. 1985).

Sarah’s use of the wording “valuable, but...” (8) indicates that there is an assumption or training norm that the feedback is valuable however the use of “but” suggests some

² All names and identifying features have been changed and pseudonyms used to protect anonymity of participants and places.

³ Note: ‘R’ refers to the researcher

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discomfort with the idea that the measure is unquestionably valuable. Similarly the pause in line 15 by Victoria could reflect this uncertainty.

The group also refer to the feedback as “scary” (8) and “dreading it” (19). The discomfort of receiving feedback is not uncommon, sometimes leaving students feeling de-skilled (Nel, 2006). Although the students do not refer to this, the extract highlights the exposing nature of being observed and judged and the uncertainty this creates, highlighted by the question asked by Sarah (13).

As the discussion progresses some group differences arise in how the measure is viewed as “valuable”. Extract two highlights two contrasting views, this discussion comes after the students had been asked if they felt the measure impacted their competence in systemic practice.

Extract 2: FG1 Students

118 Harriet: I think it does when I've used it it definitely highlights areas I think really need
119 to focus on developing my skills in so it's that bit of um (...) good at helping
120 you to develop what you need to develop however hard it is to sort of (...)
121 your really not good at that but it's a nudge isn't it that if you want to be good
122 at your job this is °an invitation to learn how to get better at it°

123 Laura: but I see it completely differently I see it as a paper exercise that you have to
124 do as part of the course [R: yep] °and actually° (...) I use my supervision
125 thinking about what I need to improve (...) so I think for m:e if they really want
126 it to be (.) collaborative experience then maybe they should bring it into
127 supervision that we have at university a bit more so that then if we were
128 having supervision and they watch a bit of our tape they could say well (...) if
129 you were thinking about x section on the scale where would you scale
130 yourself and why would you do that so that they could link it into supervision

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131 because it does j:ust feel like it's a paper exercise tagged on it doesn't feel
 132 very collaborative with the other kind of stuff we do around looking at how we
 133 are getting on with our practice in supervision

134 Sarah: °I think um I was just thinking about whether I took it back into practice and°
 135 ↑actually I think that I really agree it would be really helpful to have it
 136 referenced more in supervision both here at the uni and in the workplace

Harriet begins by re-emphasising the value in the feedback received in developing systemic skills. She uses a qualifier “however” (120) to indicate the imagined anxiety of being told what you’re “not good at”, reframing it as a “nudge” (121). She poses this in a question to the group “isn’t it” (121), possibly seeking reassurance and approval in her view point. Nel (2006), found participants were presented with dilemmas throughout their systemic training to re-evaluate their professional identities through the new knowledge and skills of the course. The “nudge” Harriet discusses could be a reference to this re-evaluation of identity as all the students are already qualified practitioners.

In contrast Laura offers an opposing view to the group, presenting the measure as a “paper exercise” (124), locating it as part of the context of the course that is not “collaborative” (127 and 133). Laura states how “actually I use my supervision...” (125) interrupting the discourse of the measure as valuable in guiding the process of development and inviting the supervision context as a place to consider competence. Laura invites a different perspective of the use of the measure in collaboration with the supervisors, rather than being “tagged on” (133).

Later within the same focus group this perspective of collaboration of the supervisor and student perspective is acknowledged further, “I kind of feel it’s a very sort of undervalued resource in a way that I can really see you saying you had a conversation with your supervisor about your scores and how you could change it if you had the time to do that would be such a valuable kind of resource” (186-188). This acknowledges the importance of

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the supervisory relationship to support student development through feedback and discussion (Anderson & Swim, 1995; Sutherland et al., 2012).

Extract 3 shares part of a discussion between the supervisors about their relationship in the process of feedback. The extract follows a discussion regarding the marking process of the measure.

Extract 3: FG2 Supervisors

- 306 Stuart: the feedback so we don't have the feedback
- 307 R: the loop
- 308 Stuart: so we're saying that the the SPS might be effective and might be useful scale
- 309 but we are not necessarily using it as well as we could do ↑but we've got
- 310 limited resources though ((laughs)) lets lets be blunt (inaudible)
- 311 Abi: well you know people don't bring clips you know
- 312 Stuart: [yeah
- 313 Ceri: but more than that they should be bringing it to their clinical supervision their
- 314 workplace supervision [Abi: yeah] and saying look I've just scored really high
- 315 Stuart: Yeah yeah]
- 316 Ceri: on this and this I need to work on this and this

Here the supervisors discuss how the feedback from the SPS “might be effective and might be useful” (308) alongside feedback within supervision. The use of the language “let's be blunt” (310) positions Stuart as pragmatic and solution-focused, whilst communicating the challenges of the course context and the impact of “limited resources” (309-310). The extract introduces the wider expectations of the course and the workplace (Simon, 2010). The emphasis on “well” indicates a frustration of what then Ceri states as what the students

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“should” be using the feedback from the measure for in clinical supervision. The supervisors imply students should take a sense of responsibility (312-315), in contrast Laura (extract 2), a student suggests a responsibility of the supervisor to “bring it into supervision” (126-127), a possible tension between the two.

Interestingly the supervisor perspective differed between courses (extract 4). This extract comes midway through a discussion regarding the different ways the supervisors used the measure in supervision groups.

Extract 4: FG4 Supervisors

435 Harry: As we are talking, I’m wondering to myself now whether it’s less useful in
436 supervision. Well, not wondering. I’m certainly coming to a view that it’s less
437 useful as a supervision tool than it is as a rating evaluation tool and in some
438 ways maybe it’s a bit constraining to use it in supervision because it almost
439 feels like you’ve got to find something to say on every bit and actually it
440 doesn’t encourage the dialogue. I know we are constrained by time and if
441 we’ve got to watch the whole one hour then we’ve got limited time to talk
442 about it anyway but I wonder whether that framework, maybe it’s not that
443 conducive to giving useful feedback sometimes.

444 Amy: And I think sometimes for me it’s about filling it in for filling it in’s sake, it’s
445 getting finished in the time and putting something in every box that if I was free
446 to write my own notes, or had fewer headings or a different approach, I might
447 do that differently and that might be more useful.

448 Harry: Yes, yes.

449 Amy: Yes, I don’t know.

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450 Laura: I'm wondering if there's a bit of a both and... because I actually agree with
451 everything you've said and I'm wondering whether giving them notes on the
452 systemic competency scale means that they get used to seeing it and get
453 used to seeing the sections and the title and how we break the session down
454 so that when they come to then review their own tapes for submission, that's
455 how they learn

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Harry begins by querying the use of the measure within supervision as “constraining” (438) and potentially “less useful” (435-436). Amy follows this with “filling in for filling it in sake” (445), potentially building on this idea of the measure as constraining and restricting the process of supervision. A similar view voiced in the previous supervisor group (Extract 3).

The extract evidences shifts in positioning through the use of pronouns. Harry uses the first person when discussing his position on the use of the measure in supervision e.g. “I’m wondering...” (435), “I’m certainly...” (436) and then switches to “we” when referencing the course context “we are constrained by time” (440). This enables his perspective to be voiced without implying this is necessarily a view universally accepted by the group. The extract also evidences explicit focus group talk of agreement between the supervisors (451-452).

Measuring competence

The concept of whether measuring competence of systemic principles would be able to encapsulate the many contextual levels has been previously questioned (Moran, 2017). The following extracts highlight this dilemma considering the discourse of *measuring competence* in the wider context and the subjective nature of the “what is noticed” (Sutherland et al., 2012).

Extract 5 comes from midway through a discussion regarding how the measure fitted within the context of the therapy session for students.

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Extract 5: FG3 Students

530 Josie: °The competency scale is very pure and I don't think its real life°.

531 Charlotte: It's a bit too black and white, a bit like you can do it or you can't do it.

In this brief extract, Josie describes the measure as “pure” not “real life” (530), reaffirmed by Charlotte as, “too black and white” (531). The language suggests a “purity” and linearity to the measure which contradicts the “real life” context and layers Moran (2017) argues are an integral part of the systemic model.

The dilemma of the wider context is further evidenced within extract 6. This extract comes from the middle of FG1 and introduces the challenge of the subjectivity interpretation of the SPS invites. The students had been discussing how they felt the SPS had affected their practice in the context of the university and workplace.

Extract 6: FG1 students

165 Harriet: It changes your lens doesn't it so if you're reviewing your sessions looking at
166 some of the domains or all of the domains it kind of changes your focus so I
167 could for example look at a tape and think and see certain stuff but then if I
168 just had just been reading about intervening in process then I could watch it
169 again and think oh I could have intervened there... so it kind of it wakes you
170 up to things you could be blind to or unaware of

171 Victoria: I was just ... sorry

172 Laura: I suppose I just feel it is a snapshot it's just one tape in amongst all the others
173 that you've got so I suppose Yeah I've always got that in the back of my mind
174 as I said earlier it's that you know what you score in one session could be
175 very different to what you score in another so you have to take it slightly from
176 that perspective you know we're probably not going to score very well for all

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177 12 for every session but that doesn't mean to say that you haven't got
 178 competence and actually I wonder if there's another way of working out with
 179 all the work that you do rather than just basing it on three tapes

Harriet highlights how the measure “changes your lens doesn't it” (165). The intonation and rhetorical question used invites the group to consider this perspective and could be viewed as a strategy to seek validation from the group. The use of the term “lens” implies a way to observe a situation, within systemic practice the focus is on gaining different perspectives in order to create meaning (Anderson & Swim, 1995). This introduces the theoretical concept of subjectivity of the “lens” that is chosen to view the behaviour and the implications of this.

A systemic principle lies in the relational nature of action, Jones (2003) discusses how “causation can only be thought of as circular, i.e. behaviour is subject to constant modification in relation to feedback; that knowledge is brought forth by the subjectivity of the observer” (Jones, 2003, p.349). In this context the feedback provided by the SPS also modifies the subjectivity of the observer (supervisor) but also of the students being observed. Harriet goes on to highlight how the measure “wakes you up to things you could be blind to or unaware of” (170-171) again reiterating the impact using the SPS can have on practice, although this is qualified with “so it kind of” (170) suggesting some ambivalence to this.

Laura positions herself as not explicitly disagreeing with Harriet, through the use of “I suppose” (173). The language used reiterates the discourse of subjectivity in the scores students receive from one session to the next (175-176), describing the SPS as a “snapshot” (173; Butler et al., 2018). Laura discusses how it “doesn't mean to say that you haven't got competence” (179) reiterating the subjective nature of interpretation of competence through the context of the session but also the perspective or lens of the supervisor observing. Similarly, students within FG3 discussed the subjectivity of the measure as being “open to

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interpretation” (134) depending on the context and perspective of the supervisor marking (Simon, 2010).

The challenge of measuring competence appears to be an uncontested discourse amongst the student focus groups, further evidenced in Extract 7. This extract follows a discussion of the challenges students faced when ensuring the 12 items of the SPS were met competently in sessions.

Extract 7: FG3 Students

- 933 Emma: It ju:st feels too fake in a way,
- 934 George: [Yeah
- 935 Emma: doesn't it, just this random session you are marked on when really ((laughs)).
- 936 Katy: It's not reflective of where you are up to, maybe,
- 937 Emma: [But it's not no:
- 938 Katy: or that you feel that you are up to.
- 939 Emma: [No. And it's not systemic.
- 940 R: So it doesn't always reflect your competence at that point.
- 941 George: [Absolutely.]
- 942 Emma: Yes. And it doesn't necessarily show progress either, whereas if you did it like (.) I
- 943 don't know, in a different way, you might [overspeaking].

The extract provides further critique of the measure as “not reflective” (935) of where students perceived their competence to be. Emma responds with a direct response and challenges the measure as “not systemic” (940) reiterating the group views in extract 5 as systemic “real life” (530) as opposed to “fake” and “pure” (531).

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The students talk over and interrupt one another within this extract indicating an increased need to share their perspective. Emma questions whether the SPS allows for progression of competence to be measured (943) tentatively suggesting a “different way” (944) might be helpful.

Extract 8 follows a discussion with a group of supervisors regarding the marking of a student’s session. As the discussion progresses Stuart introduces the concept of standardisation, which is a way of making something more objective (Ratner, 2002), this contrasts to the systemic norm of social constructionist theoretical stance which would hold subjectivity central (Tseliou & Borcsa, 2018).

Extract 8: FG 2 supervisor

200 Stuart: one of the things that’s coming up for me is this question about standardisation and
 201 research is about standardisation and trying to get the measure standardised and the
 202 problem is I don’t think it can be standardised ((laughs)) because what we’re saying
 203 is each of us has different perspectives and it’s those perspectives on the students
 204 competency the difference in the perspectives is what matters their difference from
 205 our difference from the supervisors difference from the university’s difference

Stuart’s repetitive use of the word “difference” and “perspective” (203-205) reiterates the challenge of measuring competence when considering the subjective values of systemic theory (Burnham, 2018). The difficulty is highlighted through “the problem is” (202) yet Stuart then switches to the use of “I” to make a personal claim, which is potentially contentious demonstrated through subsequent laughter. Stuart’s use of language “what we’re saying” (203) highlights supervisors constructing a joint position in the group. The extract also evidences the many layers of subjectivity through the “perspectives” of the wider context when measuring competence (204-206).

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Being systemic

Building on the previous two discourses, the following section discusses the discourse of *being systemic* and the complexity of this alongside the use of the SPS. Extract 9 is taken midway through a discussion regarding the purpose of the measure in training.

Extract 9: FG 3 Students

171 Josie: we are going in with such a broad range that it's really difficult to to (.) keep in
 172 your head because you are managing the session and you are actually working
 173 with a family with 12 points to kind of guide you when your also trying to think
 174 about (.) what type of questions you are asking.

175 R: It's a lot in your...

176 Josie: It's a big big big...

177 Emma: [You are trying to like shoehorn stuff] in because you know you need to submit
 178 something that will raise all those points. So if there can be some sessions
 179 where you think, from knowing the family, that's been a really good session, I
 180 feel like it was systemic and I feel like the family got something out of it, but that
 181 doesn't mean it would hit all of those (.)[overspeaking group] and be at the
 182 stage that (.) you know the markers would think it would be a pass. So I think
 183 there's a bit of a difference in what you think yourself and 'how you think your
 184 own work is progressing' and what that maybe shows in some areas.

185 George: [and I

186 Emma: It doesn't match.

187 Charlotte: It holds back a little bit in a way, doesn't it?

188 Lucy: Yes

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189 George: But I wonder (3) like I think every single point, when you look at it individually
 190 (.) I can totally see why it's part of the criteria. I think it's really good to know
 191 these are really the skills that we are trying to build you up in, so I think the the
 192 bones of it, I think is actually quite good. I think what (.) we're all saying has
 193 been marked against it and perhaps using that as a marking tool is what we
 194 are finding difficult or what the expectation of that marking criteria is.

This extract evidences how the students collectively construct in the group a position to defend their ability to *be systemic* whilst “managing the session” (172) alongside holding in mind all the elements of the SPS “it’s a lot” (176). An important bit of talk in the extract highlights systemic practice being a felt quality, “I feel like it was systemic” (181). The complexity of the discourse of *being systemic*, whilst “trying to like shoehorn stuff in” (line 178) from the SPS is discussed. Emma shares this dilemma (184-186) using “so” as a discourse marker to connect this idea of her perceived competence and the observed competence. The students’ discomfort is demonstrated through a mismatch between what the students view as *being systemic* and what they feel the SPS measures, although this might not be an incompatibility this is how it is potentially being perceived. Extract 10 is taken from further on in the discussion.

Extract 10: FG3 Students

293 George: I think if there’s a deadline coming up, I’m very conscious of it and I’m very much like,
 294 right, okay, have you done...? So (.) for example, was it convening the session? Then
 295 have you done the agenda ((laughs)), have you done session [overspeaking], much
 296 clearer than in other sessions where I’m not necessarily thinking it’s going to be one
 297 I’ll submit, I’m a bit more “go with the flow”.
 298 Charlotte: [Yeah, yeah.

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299 Emma: So actually, it feels more systemic because it's more about what the family are
 300 bringing, [yeah] it's not me going I've got to get all these points.

The students' discuss the awareness they have of the measure (293-298) which might distract from their systemic values and norms of being able to "go with the flow" (298). Here George positions himself alongside a systemic identity norm which responds to what the family brings to the session (Jones, 2003). This is agreed by the students (299-301). They go on to reiterate how the measure "distracts a little bit from" (308) the notion of following the lead of the family (Extract 11).

Extract 11: FG3 Students

307 Charlotte: ↑There's a lot of pressure, isn't there, when you're in them sessions with
 308 families (.). I agree it distracts a little bit from...[yeah]

309 Emma: Yeah], from just going with the flow.

310 George: [Yeah].

311 Emma: Your skill's a bit more authentic.

The group continue to support this notion of the SPS potentially restricting their ability to be systemic, go "with the flow" (309) or be "authentic" (311). The extract evidences further group referencing to jointly construct their position through seeking agreement from peers ("isn't there", 307).

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Discussion

The analysis showed students and supervisors viewed the SPS as a valuable and useful measure of systemic competence however some ambivalence was apparent. The SPS was perceived to broaden perspectives, inviting both the students and supervisors to view the sessions from a different perspective (Anderson & Swim, 1995; O'Donovan, 2015). Discomfort with the broader concept of measuring competence was evidenced particularly when students felt feedback was not grounded within the wider systemic context (Simon, 2010). For example, students shared the importance of receiving feedback within the context of the supervisory relationship and similarly supervisors discussed the importance of discussing feedback in supervision sessions. The discourse within the present study suggested the SPS process, as currently experienced lacked this systemic concept of a circular feedback loop that may have enabled a greater understanding of the feedback provided from the SPS (Jones, 2003; Scaife, 2003).

Anderson and Swim (1995) refer to systemic learning in supervision as interactional, where new knowledge and competence evolves through dialogue and relational reflexivity. Therefore this lack of circularity may have acted as a potential barrier in an opportunity to collaboratively develop a shared understanding of student competence. Some students within this study reported viewing the process as a 'tick-box' exercise that was not fully utilised within the supervisory context. The process of learning is central to systemic supervision (Burnham, 2018). Schon's (1987) theory of reflection on and in action are pertinent in considering the role a measure such as the SPS could have in facilitating reflexivity within supervision. The impact of power dynamics within a supervisory relationship however may impact the opportunities to be circular and collaborative within supervision sessions.

Another tension that arose within the focus group talk regarded the challenge of maintaining values of systemic practice whilst holding in mind the 12 competencies of the

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SPS (Burnham, 2018; Moran, 2017). Within the discourse of *being systemic* students shared the difficulties of being authentic and reflexive in the moment with clients, feeling they were unable to “go with the flow”. This was raised as a potential ethical issue within a student discussion as to whether it was appropriate for the students’ perception of the SPS to influence the direction of the session when trying to hold the family in mind (Burnham, 2018). Nel (2006) had found students were presented with dilemmas throughout their training to re-evaluate their professional identities and roles. Although this was not an explicit focus, many of the participants were experienced practitioners training in additional systemic practice and therefore the discomfort could be a reflection of the re-evaluation of their identities and competence as practitioners.

From a theoretical social constructionist position the use of DA in this study enabled a greater understanding of the role of language, which as discussed previously is pertinent to systemic context (Georgaca & Avdi, 2012; Tickle & Rennoldson, 2016). There was evidence across the five levels of DA (Appendix J, Georgaca & Avdi, 2012), with some more explicit than others (level 2, language as functional and level 3, positioning). Throughout the analyses there was evidence of joint positioning (level 3). The groups often positioned themselves through the use of collective pronouns or through explicitly agreeing with the discourse rarely dissenting from the dominant discourse. In line with systemic practice this illustrates the collaborative social constructionist perspective where a shared understanding is developed (Anderson & Swim, 1995; Burnham, 2018). This could also be a reflection of the roles and expectations of being within a training group as discussed in the limitations of the study.

Tentative talk and rhetoric questions were also prevalent in the groups (level 2). This often functioned as a way to invite collaborative group talk or to raise something that may have challenged the dominant group discourse. The concept of subjectivity (level 5) was also alluded to within the discourse of *measuring competence* and *being systemic*,

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particularly around the interpretation of the SPS feedback. The complexities of subjectivity and competence would be interesting to explore further in the context of systemic practice.

Strengths and Limitations

There is limited research on the SPS and systemic competence scales more broadly (Butler et al., 2018). The present study offered a reflective space for the students and supervisors to discuss the SPS and the idea of competence measures more broadly. DA allowed for a broader understanding of the SPS through the views of the peer group context, which is less possible from other qualitative methodologies. The advantage of a shared theoretical social constructionist approach between DA and systemic practice (Tseliou & Borcsa, 2018) enabled a focus on the construction and subjectivity of language and meaning used within the focus groups.

As established training and supervision groups, participants might not have felt able to disagree with the dominant group talk potentially evidenced by a lack of dissent within the groups (Smithson, 2000). Collaboration is a consequence of the formation of groups and the perceived need to work systemically in systemic student groups which could be a limitation of the study design (Smithson, 2018). Individual interviews may have mitigated this.

Recruitment to the study was difficult. Focus groups were held at two of the five sites approached. The study was reliant on group members' engagement which may have been influenced by power dynamics and hierarchies within the groups or the training context, where participants felt obliged to take part. Patterns were discussed across the focus groups in an attempt to minimise bias. However, the type of analysis conducted is inherently recognised to limit the generalisability of the findings; the implications of the study are of potential relevance however to a broader clinical audience.

Implications for Practice

The SPS is already widely used on SFP courses across the UK (Butler et al., 2018). A primary motivator for the current study were the implications of the SPS in systemic

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training for students and supervisors. Within the current healthcare climate accountability of outcomes for the service and client are key (NHS England, 2019); with an ethical imperative that patients receive interventions from competent practitioners. The need for valid measures of competence is therefore crucial. The SPS could also provide outcomes to commissioners and funders regarding the fidelity of the training courses and student systemic competence.

Through group talk, the discourse of *feedback as valuable* highlighted how competence scales such as the SPS need to be used in practice in a meaningful way in order for the feedback to be helpful. Both students and supervisors recognised the need for a joined up collaborative process echoed in this study through the discussions of the systemic feedback loop. This supports the developers' view of the SPS to be "used in dialogue with the supervisor" (Butler et al., 2018, p 5). Further there are implications on how training courses introduce competence measures like the SPS highlighting the potential usefulness of them whilst recognising the inherent limitations of these 'moment in time' measurements.

As Butler et al. (2018) allude to in their paper there are potential wider practical implications for the SPS, to be used similar to the CTS-R (Blackburn, et al., 2017) which is used in feedback for clinical psychology trainees CBT training, the SPS could be an alternative for systemic teaching. Additionally, there are wider implications for the development of training standards within the Association for Family Therapy and the guidance given regarding the use of the SPS in systemic practice both within the current CYP-IAPT but also in on-going systemic training (Butler et al., 2018).

Conclusion

The study contributes to a growing body of research on competence-based measures used in clinical training (Butler et al., 2018; Tweed et al., 2010). DA of five focus groups was conducted with students and supervisors who use the SPS within systemic

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training. Discourses highlighted feedback from the SPS as valuable particularly when grounded within a systemic context. In line with systemic values, the importance was placed on the circularity of feedback within a collaborative supervisory relationship. It raises questions regarding how competence scales like the SPS can be used in a meaningful way for students and supervisors.

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Supporting information

SPS measure (Butler et al., 2018)

SPS measure (Butler et al., 2018)

Purpose

This scale has been devised to provide a structure for the assessment of Systemic Family Practice (SFP) skills. It is designed to evaluate a whole session but in addition can be used as a training and supervision tool and the focus may then be on particular areas of competence.

Rating the scale

The seven-point scale (i.e. a 0-6 Likert scale) extends from (0) where the practitioner does not demonstrate that skill to (6) where a high level of skill is demonstrated. Please refer to the competence level examples found below. These examples are intended to be used as useful guidelines only. They are not meant to be used as prescriptive scoring criteria, rather providing both illustrative anchor points and guides. There is inevitable overlap of the competencies so some aspects will be doubly rated. For example, circular questions may be rated as a change technique and as an aspect of systemic reframing.

Adjusting the scale to the challenges presented by families

The particular therapeutic challenges of the family, and the requirement for therapeutic intervention at a particular time, should be taken into account and individual items scored in relation to the therapeutic needs of the family. If the marker thinks it is appropriate that an item is not covered at all, then it should be rated at 3. If it is covered minimally, but appropriately, it can be scored higher. For example, it may be appropriate to hold back from exploring diversity until a later session. It would be expected that for most sessions all

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dimensions would be covered.

Interrelatedness of Items

All of the Items are of course related and, as with all assessment, there is a distinction being made that does not completely hold.

This scale has been tested for reliability and validity and is based on the well-established Cognitive Therapy Scale – Revised (CTS-R) used in rating competence in Cognitive Behavioural Therapy training and has been informed by well-established training practice within the field of Family Therapy and Systemic Practice. It is informed by the Competency map for Systemic Family Therapy (Roth and Pilling 2007). It is based on the Dreyfus system, which keeps the highest levels of attainment for very high levels of practice.

Example of the scoring layout

Mark with an 'X' on the horizontal line, the level to which you think the practitioner has fulfilled the core function. Please use whole and half numbers. The descriptive features below are designed to guide your rating

N.B. When rating, take into consideration the appropriateness of therapeutic interventions for stage of therapy, perceived family difficulty and fit with the particular family being seen.

Competence Level Examples

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0 1 2 3 4 5 6

0.	Inappropriate absence of feature or highly inappropriate use
1.	Very little evidence that feature has been considered and addressed, or has been done in an inappropriate way
2.	Evidence of some competency but examples of unhelpful practice and general lack of consistency.
3.	Competent, but some problems and/or inconsistencies
4.	Competent with, minor problems and/or inconsistencies
5.	Very competent, minimal problems and/or inconsistencies
6.	Excellent performance, even in the face of high levels of complexity and challenge from family members

The benchmark for a 6 is a level of practice at the highest level expected from a successful Systemic Family Practitioner trained to intermediate level. It is expected that most practitioners will score a 3/4 with fewer scoring at the higher and lower ends of the scale. An average score of 3 should be considered the minimum for students reaching the level of clinical competence required to successfully complete a CYP-IAPT Systemic Family Practice course (Intermediate level). It follows that in the early stages practitioners may score at a low level as this scale is specifically for Systemic Practice Skills and these may be unfamiliar. It is important to explain this in order to avoid discouragement.

Please note this is a measure relating to one therapist's activity. It does not measure the involvement of a co-therapist, a reflecting team or an in-room supervisor. There is a free text

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box at the end of the scale if you wish to comment on the co-therapist, reflecting team or supervisor.

Item 1: Interpersonal Effectiveness and Development of Therapeutic Alliance

Key features: This dimension refers to some of the key elements in the creation of a sound therapeutic alliance - warmth, empathy, genuineness, understanding and a non-judgmental stance. It involves verbal and non-verbal skills such as 'joining', listening and creating a warm inviting atmosphere for all family members, taking account of developmental level, age and position in the family. It includes appropriate adherence to boundaries and use of self. A key element is the communication of these 'positions' to the family members.

0.	Practitioner's manner and interventions contribute to general disengagement or to an atmosphere of distrust or hostility.
1.	Difficulty in showing appropriate warmth, empathy and understanding in relation to family members, or lack of appropriate boundaries.
2.	Difficulty in demonstrating respect for the views of every family member although there is evidence of some warmth and empathy. Inconsistency in responding to the feedback from family members
3.	Good understanding of explicit meanings of communications from all family members, resulting in a good degree of trust developing, some evidence of inconsistencies in sustaining relationships with all family members. Good attention to different developmental stages of the children and young people.
4.	Ability to understand the implicit, as well as the explicit meanings of the communications and demonstrates it in his/her manner. Minor

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	problems evident (e.g. inconsistencies or greater struggle to connect with particular family members).
5.	Demonstration of very good interpersonal effectiveness with all family members. Everything is done to help family members feel safe and confident and to engage in a sound therapeutic alliance. Minimal problems but generally therapeutic alliance issues are not due to ability of practitioner. Creativity in engaging younger children and adolescents
6.	Highly interpersonally effective, even in the face of difficulties. Shows creativity in responses to different family members.

Qualitative feedback from supervisor related to Item 1:

Qualitative feedback from supervisor related to Item 2:

Item 2: Convening and managing the session

Key features: This includes five main elements and practitioners are expected -

1. To begin the session in a way that is inclusive of all family members, ensuring the involvement of all present including small children. This includes appropriate use of toys and drawing materials.
2. To collaboratively agree a clear focus and to hold onto that focus through the session allowing for useful diversions when necessary.
3. To manage the session so that it has a beginning, middle and end, within the time constraints set, and managing essential administrative tasks sensitively within the allotted time.

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4. Ensure that discussions are appropriate for the stage of the work, client needs and point in the session. Where appropriate making good connections with past sessions and future sessions.
5. Pacing the session to fit the needs of family members.

0.	Poor beginning to the session and no attempt at engaging or agenda setting. Session pace does not fit the needs of family members.
1.	Little time given to convening, poor time management and lack of focus, or the application of an over rigid agenda. Problems with pacing.
2.	Time given to convening but may not include all family members. Lack of collaboration in agenda setting but some attempts to create focus in the session. Some problems with time management.
3.	Good beginning to session and appropriate agenda but may be a lack of consistency in focus and pacing of session. May include some problems with time management, the inclusion of all family members, or ending the session.
4.	Good convening, appropriate agenda, minor difficulties in focus and time management. Good pacing of the session.
5.	Good convening and appropriate agenda set with good collaboration and focus throughout the session. All administrative tasks covered and good sense of beginning, middle and end to the session. Focus and flexibility are used appropriately.
6.	Excellent collaborative agenda set, and reviewed despite challenges in the therapeutic relationship. Ability to hold to the shared goals whilst also

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	addressing other issues that may arise and appropriately need to be addressed. All administrative tasks covered with sufficient time allowed for discussion. Session brought to an appropriate ending.
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Item 3: Collaboration

Key features: Working collaboratively is central to a systemic approach. The aim is for all family members to be active in the session and involved in decisions about goals and the development of the work. There must be clear evidence of productive teamwork, with the practitioner skilfully encouraging all family members to participate fully (e.g. through questioning techniques, shared problem solving and decision making). The expertise and knowledge of family members should be identified, acknowledged and used, and the practitioner should aim to use their own expertise without inflexibly maintaining an expert position. This will include sharing of information and inviting different kinds of feedback. Another element is the ability to use tentative language that invites a co-construction of ideas.

0.	Family members are actively prevented or discouraged from being collaborative.
1.	The practitioner is too controlling, dominating, or passive and does not actively invite different forms of collaboration.
2.	There are occasional attempts at collaboration, but with little consistency and some family members may be excluded from this process.
3.	Teamwork evident, but some problems with collaboration (e.g. not enough time allowed for the family member to reflect and participate actively).

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	Some use of tentative language as a tool to invite discussion.
4.	Effective collaboration is evident, but not entirely consistent. The practitioner checks out the family members' experience of the session and is able to adapt the session in response to feedback. Consistent use of tentative language.
5.	Effective collaboration evident throughout most of the session, both in terms of verbal content and sharing of information. Good attention paid to style and culture of family and the impact of this on the collaborative process. Flexibility in ways of encouraging collaboration and regular use of 'checking out' with the family. (relational reflexivity)
6.	Effective collaboration throughout the session (all family members), and creativity and skill in responding to any challenges to this process.

Qualitative feedback from supervisor related to Item 3:

Item 4: Conveying a systemic view of family life, wider context and relationship of family to the problem

Key features: A key element in SFP is to help family members understand difficulties relationally and in the context of family and other relationships. This includes ideas such as circularity, family beliefs, behaviour and relationship patterns, narratives and wider system involvement. This systemic reframing is an essential basis for SFP interventions. This is

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often achieved through good use of circular and other questions together with reframing techniques and the process of the inclusion of multiple family members.

0.	Practitioner conveys no evidence of systemic understanding during the session.
1.	Some attempts to introduce systemic understanding but clumsy, and with no attempt to take into account the beliefs of family members.
2	The conveying of an over rigid and narrow systemic explanation which may blame the family, Little attempt to take into account beliefs of family members. Limited attention to wider systems.
3	Ability to apply systemic reframes and descriptions but with limited time taken to obtain feedback from family members or explore different ideas. Ability to use questions and track a circular sequence of interaction but may be inconsistencies.
4.	Good ability to reframe systemically in a way that takes into account history over time, developmental issues and effect of problem on the family. Good use of questions to elicit systemic connections.
5.	Consistent use of systemic ideas throughout the session adapted for all family members with good time given for discussion and feedback. Excellent use of questions to elicit systemic connections.
6.	Creativity in conveying systemic ideas including the use of non-verbal techniques and questions. Ability to manage challenges to a systemic perspective in a way that maintains a good therapeutic alliance.

Item 5: Conceptual Integration

Qualitative feedback from supervisor related to Item 4:

Key features: A flexible conceptual map or formulation is necessary to structure the work

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and create coherence. This dimension refers both to the practitioner's own conceptualisation, which should manifest itself in a coherent approach within the session, and the ability to convey these ideas to family members. It is expected that these maps will increase in complexity as the practitioner gains experience of different models and approaches.

0.	No evidence of conceptual map or formulation.
1.	Occasional evidence of conceptual thinking but no coherence or consistency in the session.
2.	Some evidence of conceptual thinking but not carried through, or linked well enough to formulation.
3.	Use of conceptual thinking evident in the session and informs most interventions. Some communication of ideas with family members. However, there may be inconsistencies or lapses.
4.	Good conceptual thinking clearly informing interventions but limited to a narrow range of ideas with some lack of skill in involving all family members in the thinking.
5.	Complex conceptualisations informing the session and good skills in taking account of the thinking and positions of family members when introducing the ideas. Clear connections between interventions, formulation and systemic theories.
6.	Good conceptualisations, open to revision and review and communicated in a collaborative way to family members. Coherent session and may include sharing of research findings or using a range of verbal and non-verbal ways of communicating ideas.

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Item 6: Use of questioning

Qualitative feedback from supervisor related to Item 5:

Key features: The use of questioning is a key element in systemic work and in most interventions. It requires a stance of openness and curiosity as well as an ability to use questions in a strategic way to enhance observation and change thinking. Hypothesising is important as a guide to questioning and it also involves the ability to hold a position of uncertainty.

0.	Very little evidence of purposeful questioning.
1.	Some questions but tend to be closed or focused on gathering specific information and have an interrogatory quality.
2.	Use of some circular and other types of questions but with no evidence of a guiding hypothesis. No clear use of family feedback to guide direction of questioning.
3.	Use of purposeful questions organised around an idea or hypothesis identified in the on-going formulation and evidence of working from feedback.
4.	Good circular and other questions used for interventions as well as information gathering. Good attention to feedback and style of questioning differentiated well to fit with needs of different family members and purpose.
5.	Excellent range of questioning organised to support a range of interventions and designed well to fit with different family members. Evidence that they are making a difference to family thinking and functioning.
6.	Good use of questioning carefully following feedback and contributing

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	continuously to the therapeutic plan, maintained even when there are difficulties and fully involving all family members.
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Qualitative feedback from supervisor related to Item 6:

Item

7:

Feedback

Key features: Feedback is used in a number of ways and includes reframing. It is the ability to provide a response to session content and process, that is helpful to family members. It is used to enhance interventions such as externalisation (unique outcomes) and solution focused approaches (exceptions) and to highlight and encourage more positive behaviour and relationships (scaffolding). It includes positive feedback and positive connotation. This is different from the feeding back to a family what has been said to the therapist. This latter intervention is a key part of demonstrating listening skills and empathy, especially evident in the initial stages of the work and is rated under interpersonal skills. It is also different from the important skill of working in response to feedback from the family. This is covered in a number of items including questioning interventions.

0.	Absence of feedback.
1.	Feedback only given if requested and is not purposeful. The effect on family members is not sufficiently considered.
2.	Some feedback but mostly when summing up or giving more formal feedback such as at the end of the session.
3.	Some evidence of taking opportunities to feed back and support positive aspects but not consistent and not always taking account of

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	the way in which feedback may be experienced.
4.	Good use of feedback when associated with a particular intervention (e.g. supporting changes in behaviour or relationships) but less evident throughout the session. Good account taken of effect on all family members in the session.
5.	Good use of feedback to support a variety of interventions throughout the session and which may include practitioner's own reactions and experiences. Good pacing.
6.	Excellent use of feedback to all family members even in the face of difficulties. Good flexibility in adapting to family style.

Qualitative feedback from supervisor related to Item 7:
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Item
8:

Intervening in process during the session

Key features: This requires an understanding of the process between family members (patterns of interaction), and also the ability to intervene directly in that process through active questioning, communication work, enactment, role play, coaching. It includes active interventions to help family members experience different positions in the family and therefore encouraging empathy. It requires a leadership approach that engages and involves family members in the process. It needs to be based on a systemic understanding and a good therapeutic alliance.

0.	No evident awareness of process as a focus for intervention or comment.
1.	Some awareness of process but no connections made between content and process, or attempt to address process in the session.

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2.	Some awareness of process but interventions are not followed through or connected well enough to the session in general.
3.	Evidence awareness of process and attempts in the session to help family make changes. Simple interventions, such as slowing the process and taking turns in communicating, and helping parental alliance will be achieved.
4.	Good use of process observations and skills in discussions and direct interventions. Good attention paid to level of engagement and “fit” for all family members.
5.	A range of ways of intervening in process including enactment, work to strengthen parent subsystem and different ways of working with communications. Will stay focused on the intervention.
6.	Creativity in working with process adapted to suit different family members even when particular challenges to carrying out the interventions. Maintenance of good therapeutic relationship with all family members and appropriate use of humour and self disclosure.

Qualitative feedback from supervisor related to Item 8:

Item 9: Working with power and difference

Key features: This includes four main elements.

1. Working to reveal differences between family members and appropriately working with that difference.

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2. Ability to hold and respect different positions and perspectives within the family.
3. Using an understanding of power differentials between family members, practitioner and the family, and within different wider contexts to inform interventions
4. Paying attention to differences such as ability, gender, race, sexuality, spiritual beliefs, age, etc. and the way in which these inform behaviour, relationships and beliefs; exploring and taking account of these in the work.
5. Taking an ethical stance to ensure protection of vulnerable family members. This includes attention to safeguarding.

0.	No attention to difference.
1.	Some awareness of difference but not explored.
2.	Some areas of difference noted but no effort made to appropriately explore these. No exploration of cultural and power differences in the wider community.
3.	Some attention to difference and exploration of the meaning of this for family members. Ability to raise concerns of safety and ask about power and difference issues such as class, economic status, culture, religion and ethnicity.
4.	Good exploration of difference and its meanings, and attention to more subtle power differentials within the family, therapy and wider contexts, including all family members. Appropriate exploration of any safeguarding issues in a way that optimises the possibility of collaboration and protects vulnerable members of the family.
5.	Taking account of difference throughout the session and making it an ongoing part of the understanding of the family. Use of curiosity to explore difference. Use of questioning to explore difference and power issues between therapy (team, agency) and the family. (relational reflexivity)
6.	Excellent attention to difference and good skills in talking about it even in difficult circumstances. Using creative ways to help family members explore

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	their differences further in a positive and productive way.
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Qualitative feedback from supervisor related to Item 9:
Item 10: Exploring and managing emotions in sessions

Key features: Working with the connections between behaviour, relationships, beliefs and emotions is a key skill. Practitioners need to be able to talk about emotions but contain them safely in a family session. They also have to ensure that family members feel understood and can develop strategies to manage their own emotions

0.	No eliciting of emotions or ability to respond appropriately to emotional content of session.
1.	Occasional eliciting of emotion but limited to certain family members or responded to in an unhelpful way.
2.	Some questioning about emotions and appropriate reaction and some notice of emotional response in session but inconsistent or limited to particular emotions or family members.
3.	Ability to talk about emotions that arise in session discussions, connect them to relationships and behaviour. Ability to tolerate and contain emotions in a helpful way . The discussions are superficial or not carried through.
4.	Ability to rigorously explore emotions, even those which are more difficult for both practitioner and family members. Attends to responses of all family members in the room. Begins to work with strategies to manage emotions.
5.	Acknowledges and discusses a range of emotions including happiness, conflict, anger and sadness. Observes the atmosphere in the room and

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	subtle signs of emotional atmosphere. Helps all family members understand and explore emotional aspects of relationship taking account of history and context.
6	Works positively with a range of emotions in a number of different ways even when the emotional atmosphere in the session is challenging and some family members may want to stifle the discussion. Maintaining a good therapeutic relationship.

Qualitative feedback from supervisor related to Item 10:

Item 11: Use of Change techniques

Key features: Practitioner skilfully uses appropriate interventions in line with the formulation.

There is some overlap with a number of other items, and activities may be rated more than once. This item focuses on the ability of the practitioner to use a range of interventions to help initiate and support change.

Three features need to be considered:

1. Appropriateness of interventions in relation to the formulation and evidence base.
2. Skill in the application of the methods.
3. The way the intervention fits for the family members – paying attention to pace, developmental level, language, therapeutic alliance and acceptability of intervention.

0.	Practitioner fails to use, appropriate interventions, or uses interventions that are not appropriate or connected to the needs of the family.
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1.	Practitioner initiates interventions but they are poorly executed and/or lack sensitivity to needs of the family at that particular time.
2.	Practitioner uses some appropriate interventions but not followed through or not well enough connected to needs of family.
3.	Practitioner applies a number of methods in competent ways, although some problems may be evident (e.g. the interventions are incomplete or poorly presented to the family).
4.	Practitioner applies a range of methods with skill and flexibility, enabling family members to develop new perspectives and make changes Minor problems evident.
5.	Practitioner systematically applies an appropriate range of methods in a creative, resourceful and effective manner. Minimal problems.
6.	Excellent range of interventions, skilfully carried out even in the face of difficulties.

Qualitative feedback from supervisor related to Item 11:

Item 12: Incorporating the outside world

Key features: It is important for practitioners to bring wider systems and networks into their formulation and into interventions. This could include other family members, professional networks or important groups such as community, church, peer group and school. It also involves the identification of pressures and stresses such as poverty, unemployment or

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discrimination, which are important in understanding difficulties and planning ways of helping.

0.	No inclusion of anyone outside immediate family members in session discussions.
1.	Occasional questions asked about external networks, context and wider family but no follow up or continued reference to these in the session.
2.	Some questioning about external world but little empathy with the experience of family members and little response to issues raised by family members.
3.	Good exploration of wider contexts and some attempts to explore the experience of different family members and to incorporate this into conceptualisation of the difficulties. Identification of important people who may be included in session or part of liaison work.
4.	Wider contexts clearly part of thinking throughout the session and good ability to follow up information brought in by family members. Ability to work collaboratively to bring together views of professionals and other networks and to take wider context into account when devising tasks.
5.	Ability to use relationships with wider contexts as a core part of the work. To give tasks that make use of external resources and help family members to identify and work with some of the constraints and opportunities available in the outside world.

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6.	Ability to explore different levels of relationship with outside world and continuously monitor, and discuss how these affect family members even when this is difficult and to do so in a way that fits for family and family members.

Qualitative feedback from supervisor related to Item 12:
Where appropriate, please comment on practitioner's ability to effectively make use of supervisory comments and interventions from reflecting team and /or co-therapist

Systemic Family Practice/Systemic Skills Rating Scale**Please see guidance notes**

Mark with an 'X' on the horizontal line, using whole and half numbers, the level to which you think the practitioner has fulfilled the core function.

N.B. When rating, take into consideration the appropriateness of therapeutic interventions for stage of therapy, perceived family difficulty and fit with the particular family being seen.

1. Interpersonal Effectiveness and Development of Therapeutic Alliance

0 1 2 3 4 5 6

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2: Convening and managing the session

0 1 2 3 4 5 6

3. Collaboration

0 1 2 3 4 5 6

4. Conveying a Systemic View

0 1 2 3 4 5 6

5. Conceptual Integration

0 1 2 3 4 5 6

6. Use of Questioning

0 1 2 3 4 5 6

7. Feedback

0 1 2 3 4 5 6

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8. Intervening in Process

0 1 2 3 4 5 6

9. Working with Power and difference

0 1 2 3 4 5 6

10. Exploring and managing emotions in sessions

0 1 2 3 4 5 6

11. Use of change techniques

0 1 2 3 4 5 6

12. Incorporating the outside World

0 1 2 3 4 5 6

Final Comments (areas of strength/development)

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